Periscope.

DEUTSCHE ZEITSCHRIFT FUR NERVENHEILKUNDE

(Vol. 21, 1902. Heft. 5-6.)

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27. Contribution to the Symptomatology and Diagnosis of Tumors of the Brain and of Chronic Hydrocephalus. Finkelnburg.

21. *Psychogenic Pseudo-Meningitis.*—Starck reports the following extraordinary case. A man thirty-one years of age was admitted to the hospital apparently suffering from some rigidity and pains in the neck. When examined it was found that he was suffering from lupus, and that he had had headache, vertigo, pain in the back, but no fever. Three days later he had vomiting and then a severe chill and some tinnitus. The stiffness in the neck continued, there was some sweating, persistent vomiting and loss of control of the bladder. After admission to the hospital the patient was somnolent, all the reflexes were greatly increased, and all forms of sensation were increased. A diagnosis of cerebrospinal meningitis probably tuberculous in nature, was made. The patient could not sleep, from time to time he had convulsions, and there was some gnashing of the teeth; finally distinct trismus developed. The urine obtained by catheter was normal. The pulse was abnormally slow and there was no fever. The symptoms, however, were somewhat suspicious. The convulsions were atypical and the patient's complaints of pain appeared excessive. An attempt was therefore made to hypnotize him which succeeded, and as a result of vigorous suggestion he recovered at once and was able to walk about and eat at the table with the other patients. His recovery was complete and he was discharged. A careful history was finally obtained. He had been an attendant in a hospital and subsequently had been a patient in a number of hospitals in which a diagnosis of meningitis had usually been made. His experience in Heidelburg under Starck had been the sixth as a patient and subsequently it was possible to trace his course in eight other hospitals. Finally in the next to last an operation was performed, the spinal canal opened, and the cerebrospinal fluid found to be under considerable pressure. He did not improve as a result of this until he was transferred to another hospital where he was treated firmly and finally was able to work. Altogether in his various experiences in hospitals, lumbar puncture was performed five times, and in only one case was there a doubtful elevation of pressure. Starck collects the reports of 17 cases from the literature which together with his own and another case of like nature he uses for the purpose of giving a sketch of the clinical history of the disease. There is usually an aura lasting several days or weeks, characterized by discomfort, headache, nausea, vomiting, loss of appetite and depression. Then follows a chill, delirium, fever, headache, stiffness of the neck

and back, tenderness over the spinal column and cramp-like twitching of the muscles. Often there is strabismus, narrow pupils, slow pulse, and various paralytic and vasomotor disturbances. Often the body is retracted, and there is persistent vomiting and obstinate constipation. The delirium increases and finally passes into coma, then suddenly the patient has a prolonged period of sleep and awakes entirely well. Sometimes, however, the symptoms diminish gradually. The disease occurs much more frequently in women, 17 out of 19, and in early adult life, 2 cases having occurred in childhood, and 2 after forty-five years of age. There are often symptoms of nervous heredity, and occasionally of tuberculous antecedents. The diagnosis can often be suspected when hysterical stigmata are present. The difficulty most frequently occurs in connection with tuberculous meningitis, of course, although occasionally pseudomeningitis and traumatic tetanus may be suspected. Starck prefers the name "psychogenic meningitis" in order to distinguish it from the condition called pseudomeningitis by German writers, which occurs particularly in infectious fevers.

22. *Abnormal Developmental Spinal Canal.*—Rolly examined the spinal cords of two children suffering from so-called general congenital spasticity of the muscles, and found certain peculiar changes in the cord characterized by diffuse proliferation of the neuroglia tissue and some leptomeningitis. In addition to this there was in the first case apparently a doubling of the central canal with proliferation of the neuroglia cells, particularly in the posterior one. From time to time horizontal canals were found uniting these two. Carefully studied serial sections seemed to show that the cells surrounding the central canals which in all respects resembled glia cells, were derived from those of the ependyma. The size of the canal varied greatly: at times it was obliterated, at others quite large. In the second case of the same condition practically similar changes were found, particularly the alternation of a dilated with an obliterated canal. He therefore carefully studied the spinal cords of several other children, and in one of these found some proliferation of the neuroglia in the central canal. This child was an idiot. There was a general tremor when it sat up, and its movements indicated some spasm of the muscles. In this case there was a variable number of canals at different levels of the spinal cord. It is not impossible that the changes in this case may bear some relation to those found ordinarily in syringomyelia. He does not attempt to determine whether there is any relation between them and syphilis.

23. *Subcortical Sensory Aphasia.*—Strohmayer reports some cases of subcortical sensory aphasia. The first, a man of thirty-six years, who had had luetic infection eight years before, six years after this noticed loss of memory and rapid intellectual fatigue. He then had an epileptic attack followed by a second attack with transient paralysis of speech and pain in the right ear. After a third attack he was maniacal but energetic specific treatment apparently prevented any other attacks, although the pain in the right ear and the weakness of memory continued. When examined there were found several syphilitic manifestations, and it was noted that the patient heard badly and that he did not understand spoken words although he could hear faint sounds easily. Written speech he understood very well. The patient gradually grew worse, had athetoid movements, and finally died. A diagnosis of atypical dementia paralytica with focal symptoms of subcortical sensory aphasia in the sense of Wernicke-Lichtheim, was made. At the autopsy there was found an area of softening in the median anterior third of the left thalamus opticus, and an old extravasation of blood, in the right temporo-sphenoidal lobe between the second and third convolutions, and in both temporo-sphenoidal lobes some change in the appearance of the cortex which was found to be due to a fibrous leptomeningitis. Therefore, the chief change was a diffuse lesion of the cortex and not a subcortical focal lesion. Strohmayer has collected 12 cases of subcortical

aphasia which he tabulates and shows that various pathological lesions can cause the symptoms.

He reports a second case of his own, a woman of fifty-three years, who developed pain in the neck and back of the head, scotomata before the eyes, vomiting, loss of power to walk, vertigo, and peculiar weakness of memory, consisting of difficulty in recalling names. A diagnosis of cerebral tumor in the region of the anterior portion of the corpus callosum was made. At the autopsy a tumor was found about 20 mm. posterior to the end of the corpus callosum in the median line, about the size of a cherry. Tumors were also found in both cerebellar hemispheres, in the second right occipital lobe, in the right temporo-sphenoidal lobe, in the neighborhood of the second convolution, and an area of softening in the left temporo-sphenoidal lobe. These were all probably secondary to a carcinomatous neoplasm of the pleura. In this case subcortical lesion had not given rise to subcortical aphasia, and he therefore believes that we should discard this name entirely and restrict ourselves to the clinical term "word-blindness."

24. *Aphasia.*—Mingazzini reports the following case of aphasia: A woman, sixty-seven years of age who had been an alcoholic, at the age of sixty-three had had a fall injuring her head, following which there was headache. Then she began to have paraphasia, loss of the ability to understand questions, inability to dress herself, and confusion of the various implements that she used, such as knives and forks. Finally she had convulsions resembling epilepsy. The patient finally became unable to make more than unintelligible sounds and died. There was atrophy of the entire brain, the convolutions were smaller and Nissl's method showed changes in the pyramidal cells. The case illustrates the fact that progressive atrophy of the brain may lead to typical aphasic disturbances.

25. *Sarcoma of Pia Mater.*—Nonne reports the case of a girl sixteen years of age who had an attack characterized by a feeling of foreign body in the larynx and then pain radiating over various parts of the body. There were clonic movements in the extremities, but nevertheless a diagnosis of hysteria was made. Five months later the patient was readmitted with severe pains in the neck, back and lumbar region. Three weeks previously she had suddenly become blind. There was cachexia, and hallucinations of hearing and sight, but the patient was apathetic and weak-minded. She improved somewhat, the pupils showed extraordinary changes, alternating between mydriasis and myosis, one changing at a time and showing great irregularity of ordinary pupillary reactions. The patellar reflexes were lost. Later there was paralysis of both oculomotor nerves and there was some doubt as to whether there was atrophy of the optic nerves or not. Lumbar puncture showed an increased pressure. From time to time the patient could see and hear and then would again become blind and deaf. She finally died. A diagnosis of cerebral tumor in the region of the corpora quadrigemina with metastasis to the spinal column was made. At the autopsy an absolutely negative macroscopical brain and spinal cord were found. Microscopically, however, it was found that the whole pia was filled with a proliferation of new cells. This was of the character of sarcoma. The central nervous system appeared to be normal. Nonne discusses similar cases that have been reported, and believes that the extraordinary variation in the severity of the symptoms is due to the peculiar way in which the tumor mass affects the blood vessels. Although young persons are most frequently affected, cases have been reported occurring in individuals up to sixty years of age.

26. *Degeneration of Antero-lateral Tracts.*—Zahn reports the case of a girl twenty-six years of age, who at the age of sixteen had had difficulty

in speech and uncertain gait. Her father had died after having had the same disease for twenty-four years. When examined it was found that the muscles were spastic, there was no degeneration, the reflexes were greatly increased, ankle-clonus was present, muscular power was not diminished, and there were no defects in the organs. Sensation was apparently normal. The disturbance of speech was due to the involuntary movements of the muscles of articulation. The patient was under observation for some time, and her gait was improved by practice. She finally died as a result of septic peritonitis. At the autopsy the pia mater of the spinal cord was found irregularly thickened, and there was degeneration of the pyramidal tracts, although the intensity of the degeneration varied at different levels. There was slight degeneration of the posterior columns in the upper portion. Zahn does not believe that this irregular degeneration of the white substance of the cord is to be looked upon as secondary. The best explanation seems to be the assumption that the process is a sort of hereditary degeneration, and it does not appear likely that an accurate diagnosis of the condition could have been made during life.

27. *Tumors of Brain and Hydrocephalus.*—Finkelnburg has analyzed 67 cases of brain tumor occurring in the medical clinic at Bonn. He tabulates the cases according to the anatomical situation of the tumors. There were 22 cases of tumor of the cerebellum, 13 of which were confirmed by autopsy. In three cases operations were performed, one of which resulted successfully. In four cases confirmed by autopsy choked disk was absent. In three cases the patients had cardiac arhythmia and disturbance of respiration when the head was moved. There was considerable difference in the behavior of the reflexes. Some of the cases were exceedingly difficult to diagnose. He mentions one case, a child in the fourth year of life with difficulty in walking, enlargement of the head, choked disk, disturbance of sensation in the area of the right trigeminal nerve, and paresis of the lower facial. There was increased pressure in the spinal cord, and at the autopsy a sarcoma of the base of the right hemisphere was found with internal hydrocephalus. In another case the patient had a cerebellar gait, pain in the back of the head, weakness and vertigo. There was also nystagmus, increase in the tendon reflexes, Romberg's symptom, but no choked disk. Four years later the patient presented typical picture of multiple sclerosis. There were 27 cases of cerebral tumors sufficiently carefully studied for statistical purposes. The reflexes showed marked variations. Eight cases were subjected to operation five times merely to relieve the symptoms, and in two of these considerable improvement occurred. In three other cases the tumors were found at the operations. In two of these the patients died, and in the third the tumor was so large that only a part could be removed. Some of the cases were exceedingly interesting. In one commencing in the fifteenth year there was increased thirst, polyuria, gradual loss of sight, development of staggering gait and death, after 4½ years. At the autopsy sarcomatous proliferation was found in both ventricles. In another case the patient had nervousness, headache, vertigo, choked disks, increased tendon reflexes, cerebellar ataxia, but no focal symptoms. A round cell sarcoma was found on the floor of the fourth ventricle. In still another case the patient had headache, vertigo, staggering gait, vomiting, weakness in the left facial nerve, choked disks, alternating hemiplegia, progressive apathy, temporary improvement and finally death. A glioma was found in the third ventricle involving the right crus and tegmental region. Some interesting observations of tumors and other disease conditions of the base of the brain are given. In one case hemicrania had existed for 20 years, then gradual loss of sight in the left eye took place, loss of muscular control in the right eye, right hemiplegia and disturbance of speech. A diagnosis of tumor of the sella turcica was made, but an autopsy was not obtained. In another case multiple spindle-celled sarcomata were found,

but during the clinical course the patient had improved remarkably upon a mixed treatment. The histories of several other cases of multiple tumors are also given, also of several cases of chronic hydrocephalus simulating brain tumor, and Finkelnburg summarizes the symptoms of this condition as follows; Chronic development without distinct initial symptoms of meningitis; very slow course with marked remissions; at first symptoms of intracranial pressure, which may disappear entirely; or leave atrophy of the optic nerves only; absence of symptoms of focal disease; early occurrence of vision and weakening of the patellar reflexes.

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NEUROLOGISCHES CENTRALBLATT

(Vol. 21, 1902, No. 20. Oct. 16.)

1. A Case of Arsenical Paralysis. J. Kron.
2. A Case of Katatonia following the First Menstrual Period. H. Mucha.
3. Paradoxical Pupillary Contraction and an Observation of Contraction of the Pupil by Shading the Eyes. J. Piltz.

1. *Arsenical Paralysis.*—Report of a case of neuro-arsenical neuritis following the ingestion of four grains of arsenic during twenty hours.

2. *Katatonia.*—Report of a case of typical katatonia during the first menstrual period. Mucha calls attention to the early age of his patient, fifteen years.

3. *Continued article.*

(Vol. 21, 1902, No. 21. Nov. 1.)

1. Psychology of Motor Apraxia. A. Pick.
2. The So-called "Myotonia" Slowness during Convergence of Pupils with Loss of Reflex to Light. Nonne.
3. Contribution to the Localization of Cerebral Hemianesthesia. Karl Schaffer.
4. Paradoxical Pupillary Contraction and an Observation of Contraction of the Pupil by Shading the Eyes. J. Piltz.

1. *Motor Apraxia.*—Report of a case of what Pick considers a pure motor apraxia. The attacks of inability to find the words he wanted to use, were intermittent in character, occurring every two weeks and lasted several days. The only motor phenomenon was a spasmodic contraction of the masseter.

2. *Myotonic Slowness.*—Nonne adds a case of myotonic contraction of the pupil to those already discussed in the *Centralblatt.* This case occurred in a patient with diabetes and anchylosis of the spine and the pupillary phenomenon was unilateral. The time reaction for dilation of the pupil after contraction was five minutes. Another case in an alcoholic was also mentioned.

3. *Cerebral Hemianesthesia.*—Schaffer gives the results of a careful examination of the brain of a boy of eighteen years who died from heart failure. He had for some time motor and sensory paralysis localized to one side of the body. The cerebral lesion affected the anterior and posterior central gyri and extended deep into the cerebral substance. The posterior limb of the internal capsule was affected only in its anterior third. The view of Dejerine and Long are carefully considered in connection with the findings of this case.

4. *To be continued.*

(Vol. 21, 1902, No. 22. Nov. 16.)

1. The Difference in Prognosis between Nerve Paralysis and Nerve Trunk Paralysis. L. Bruns.